

Substitute for form 1449B/PTO

INFORMATION DISCLOSUS STATEMENT BY APPLICANT

	(use a	s many s	heets as	necessary)
Sheet		1	of	2

Complete if Known					
Application Number 10/001,893					
Filing Date	November 19, 2001				
First Named Inventor	Hull, Jonathan J.				
Art Unit	2179				
Examiner Name	Xiomara L. Bautista				
Attorney Docket Number	015358-007500US				

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		Document Number					
Examiner Initials*	Cite No. ¹	Number Kind Code ² (if known)	Publication Oate MM-OD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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Examiner Signature	X.L. Bai	itista	Date Considered	7/5/05	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.



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Examiner Initials*	Cite No.1	Fore	eign Patent Doo Number ⁴	xument Kind Code [®] (# Invent)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, I Where Releva Passages or Rele Figures Appea	nt want
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Examiner X. L. Bautista	Date Considered	7/5/05
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